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YHEA-50 [] Section: Health

Are you Hispanic or Latino?

1 YES

0 NO

Default Next: YHEA-60

Lead-In: YFRD-110 [1:2], YFRD-050 [Default], YFRD-250 [Default]

YHEA-60 [] Section: Health

What is your race?

(SELECT ALL THAT APPLY.)

1 White

- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 OTHER (SPECIFY)
- 7 R REFUSES TO CLASSIFY RACE EXCEPT AS HISPANIC/LATINO
- 995 SUPERVISOR REVIEW
- 999 UNCODABLE

Default Next: YHEA-100

Lead-In: YHEA-50 [Default]

YHEA-100 [] Section: Health

Now I would like to ask you some questions about your health. In general, how is your health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

Default Next: YHEA-500A

Lead-In: YHEA-60 [Default]

YHEA-500A []	Section: Health

(HAND R SHOWCARD TT)

In a typical week, how many times do you eat fruit? (Do not count fruit juice.)

- 1 I do not typically eat fruit
- 2 1 to 3 times
- 3 4 to 6 times
- 4 1 time per day
- 5 2 times per day
- 6 3 times per day
- 7 4 or more times per day

Default Next: YHEA-500B

Lead-In: YHEA-100 [Default]

YHEA-500B [] Section: Health

(HAND R SHOWCARD UU)

In a typical week, how many times do you eat vegetables other than french fries or potato chips?

- 1 I do not typically eat vegetables
- 2 1 to 3 times
- 3 4 to 6 times
- 4 1 time per day
- 5 2 times per day
- 6 3 times per day
- 7 4 or more times per day

Default Next: YHEA-600

Lead-In: YHEA-500A [Default]

YHEA-600 [] Section: Health

In a typical week, how many days do you engage in exercise that lasts 30 minutes or more?

Enter Answer: Default Next: YHEA-610

Lead-In: YHEA-500B [Default]

YHEA-610 [] Section: Health

In a typical week, how many hours total do you use a computer?

1 None

- 2 Less than 1 hour a week
- 3 1 to 3 hours a week
- 4 4 to 6 hours a week
- 5 7 to 9 hours a week
- 6 10 hours or more a week

Lead-In: YHEA-600 [Default]

YHEA-620 [] Section: Health

In a typical week, how many hours do you watch television?

- 1 Less than 2 hours per week
- 2 3 to 10 hours a week
- 3 11 to 20 hours a week
- 4 21 to 30 hours a week
- 5 31 to 40 hours a week
- 6 More than 40 hours a week

Default Next: YHEA-650

Lead-In: YHEA-610 [Default]

YHEA-650 [] Section: Health

On a typical week night, how many hours of sleep do you usually get?

Enter Answer:

Default Next: YHEA-810

Lead-In: YHEA-620 [Default]

YHEA-810 [] Section: Health

During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- 1 0 times
- 2 1 time
- 3 2 or 3 times
- 4 4 or 5 times
- 5 6 or more times
- 6 I DID NOT DRIVE IN THE PAST 30 DAYS

Default Next: YHEA-820

Lead-In: YHEA-650 [Default]

YHEA-820 [] Section: Health

During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

- 1 0 times
- 2 1 time
- 3 2 or 3 times
- 4 4 or 5 times
- 5 6 or more times
- 6 I HAVE NOT BEEN A PASSENGER IN THE PAST 30 DAYS

Default Next: YHEA-1010

Lead-In: YHEA-810 [Default]

YHEA-1010 [] Section: Health

Have you ever had an eating disorder, a learning or emotional problem or a mental condition that has limited your ability to attend school regularly, do regular school work, or work at a job for pay?

1 YES ...(Go To <u>YHEA-1020</u>)

0 NO

Default Next: YHEA-1110

Lead-In: YHEA-820 [Default]

YHEA-1020 [] Section: Health

What (is/are) the condition(s)?

(SELECT ALL THAT APPLY)

- 1 Learning disability (i.e., dyslexia) or attention disorder
- 2 Emotional/mental problem or behavior problem
- 3 Eating disorder like anorexia or bulimia
- 4 Mental retardation
- 5 Other

Default Next: YHEA-1025

Lead-In: YHEA-1010 [1:1]

YHEA-1025 [] Section: Health

INLIST ([YHEA-1020], 5)

COMMENT: Other was selected in YHEA-1020

- 0 0 CONDITION DOES NOT APPLY
- 1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1027}$

Default Next: YHEA-1030-LOOP-BEGIN YHEA-1020 [Default]

YHEA-1027 [] Section: Health

Please describe this other condition.

Enter Answer:

Default Next: YHEA-1030-LOOP-BEGIN

Lead-In: <u>YHEA-1025</u> [1:1]

YHEA-1030-LOOP-BEGIN [] Section: Health

REPEAT ([genetic condition loop])

COMMENT: loop through all general conditions

Default Next: YHEA-1035

Lead-In: YHEA-1025 [Default], YHEA-1027 [Default]

YHEA-1035 [] Section: Health

([genetic condition loop] =5) COMMENT: this is loop 5

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1037}$

Default Next: YHEA-1040

Lead-In: YHEA-1030-LOOP-BEGIN [Default]

YHEA-1037 [] Section: Health

INLIST ([YHEA-1020], 5)

COMMENT: The Other category was chosen in YHEA-1020

0 0 CONDITION DOES NOT APPLY

1 1	1	CONDITION	APPLIES

If Answer = 1 Then GoTo YHEA-1050

Default Next: YHEA-1099-LOOP-END

Lead-In: <u>YHEA-1035</u> [1:1]

YHEA-1040 [] Section: Health

INLIST ([YHEA-1020], [genetic condition loop])

COMMENT: This condition was chosen

- 0 CONDITION DOES NOT APPLY
- 1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1050}$

Default Next: YHEA-1099-LOOP-END Lead-In: YHEA-1035 [Default]

YHEA-1050 [] Section: Health

How old were you when the [genetic condition] was first noticed? (INTERVIEWER: ENTER "0" IF RESPONDENT HAS HAD THIS CONDITION SINCE BIRTH.)

Enter Answer:

Default Next: YHEA-1060

Lead-In: YHEA-1040 [1:1], YHEA-1037 [1:1]

YHEA-1060 [] Section: Health

Does the [genetic condition] currently limit your activities?

- 1 Yes, limits a little
- 2 Yes, limits a lot
- 0 No, not currently limited by this condition

Default Next: YHEA-1099-LOOP-END **Lead-In:** YHEA-1050 [Default]

YHEA-1099-LOOP-END [] Section: Health

UNTIL ([genetic condition loop], ([genetic condition loop] = 5))

- 1 RETURN TO BEGINNING OF LOOP
- 0 END LOOP

Lead-In: YHEA-1040 [Default], YHEA-1060 [Default], YHEA-1037 [Default]

YHEA-1110 [] Section: Health

Have you ever had trouble seeing, hearing or speaking?

1 YES ...(Go To YHEA-1120)

0 NO

Default Next: YHEA-1210

Lead-In: YHEA-1010 [Default], YHEA-1099-LOOP-END [Default]

YHEA-1120 [] Section: Health

What (is/are) the condition(s)?

(SELECT ALL THAT APPLY.)

1 Blindness in one eye

- 2 Blindness in both eyes
- 3 Other vision difficulty
- 4 Hearing difficulty
- 5 Deaf
- 6 Speech impairment (e.g., lisp, stammering, or stuttering)
- 7 Other

Default Next: YHEA-1125

Lead-In: <u>YHEA-1110</u> [1:1]

YHEA-1125 [] Section: Health

INLIST ([YHEA-1120], 7)

COMMENT: Other was selected in YHEA-1120

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo YHEA-1127

Default Next: YHEA-1130-LOOP-BEGIN **Lead-In:** YHEA-1120 [Default]

YHEA-1127 [] Section: Health

Please describe this other condition.

Enter Answer:

Default Next: YHEA-1130-LOOP-BEGIN

Lead-In: <u>YHEA-1125</u> [1:1]

YHEA-1130-LOOP-BEGIN [] Section: Health

REPEAT ([sensory condition loop])

COMMENT: loop through all general conditions

Default Next: YHEA-1135

Lead-In: YHEA-1125 [Default], YHEA-1127 [Default]

YHEA-1135 [] Section: Health

([sensory condition loop] =7) COMMENT: this is loop 7

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1137}$

Default Next: YHEA-1140

Lead-In: YHEA-1130-LOOP-BEGIN [Default]

YHEA-1137 [] Section: Health

INLIST ([YHEA-1120], 7)

COMMENT: The Other category was chosen in YHEA-1120

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo YHEA-1150

Default Next: YHEA-1199-LOOP-END

Lead-In: <u>YHEA-1135</u> [1:1]

YHEA-1140 [] Section: Health

INLIST ([YHEA-1120], [sensory condition loop])

COMMENT: This condition was chosen

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo YHEA-1150

Default Next: YHEA-1199-LOOP-END YHEA-1135 [Default]

YHEA-1150 [] Section: Health

How old were you when the [sensory condition] was first noticed? (INTERVIEWER: ENTER "0" IF RESPONDENT HAS HAD THIS CONDITION SINCE BIRTH.)

Enter Answer:

Default Next: YHEA-1160

Lead-In: YHEA-1137 [1:1], YHEA-1140 [1:1]

YHEA-1160 [] Section: Health

Does the [sensory condition] currently limit your activities?

- 1 Yes, limits a little
- 2 Yes, limits a lot
- 0 No, not currently limited by this condition

Default Next: YHEA-1199-LOOP-END **Lead-In:** YHEA-1150 [Default]

YHEA-1199-LOOP-END []

UNTIL ([sensory condition loop], ([sensory condition loop] = 7))

- 1 RETURN TO BEGINNING OF LOOP
- 0 END LOOP

Default Next: YHEA-1210

Lead-In: YHEA-1137 [Default], YHEA-1160 [Default], YHEA-1140 [Default]

YHEA-1210 [] Section: Health

Section: Health

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			P	J						-

1 YES ...(Go To YHEA-1220)

0 NO

Default Next: YHEA-1310

Lead-In: YHEA-1199-LOOP-END [Default], YHEA-1110 [Default]

YHEA-1220 [] Section: Health

What (is/are) the condition(s)?

(SELECT ALL THAT APPLY)

- 1 Missing finger, hand, arm, toe, foot, or leg
- 2 Permanent stiffness or any deformity of the back, foot, or leg
- 3 Permanent stiffness or any deformity of the fingers, hand, or arm
- 4 Other

Default Next: YHEA-1225

Lead-In: <u>YHEA-1210</u> [1:1]

YHEA-1225 [] Section: Health

INLIST ([YHEA-1220], 4)

COMMENT: Other was selected in YHEA-1220

- 0 0 CONDITION DOES NOT APPLY
- 1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1227}$

Default Next: YHEA-1230-LOOP-BEGIN

Lead-In: YHEA-1220 [Default]

YHEA-1227 [] Section: Health

Please describe this other condition.

Enter Answer:

Default Next: YHEA-1230-LOOP-BEGIN

Lead-In: <u>YHEA-1225</u> [1:1]

YHEA-1230-LOOP-BEGIN [] Section: Health

REPEAT ([deformity loop])

COMMENT: loop through all general conditions

Default Next: YHEA-1235

Lead-In: YHEA-1227 [Default], YHEA-1225 [Default]

YHEA-1235 [] Section: Health

([deformity loop] =4) COMMENT: this is loop 4

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1237}$

Default Next: YHEA-1240

Lead-In: YHEA-1230-LOOP-BEGIN [Default]

YHEA-1237 [] Section: Health

INLIST ([YHEA-1220], 4)

COMMENT: The Other category was chosen in YHEA-1220

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1250}$

Default Next: YHEA-1299-LOOP-END

Lead-In: <u>YHEA-1235</u> [1:1]

YHEA-1240 [] Section: Health

INLIST ([YHEA-1220], [deformity loop]) COMMENT: This condition was chosen

0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1250}$

Default Next: YHEA-1299-LOOP-END YHEA-1235 [Default]

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YHEA-1250 [] Section: Health

How old were you when the [deformity] was first noticed?

(INTERVIEWER: ENTER "0" IF RESPONDENT HAS HAD THIS CONDITION SINCE BIRTH.)

Enter Answer:

Default Next: <u>YHEA-1260</u>

Lead-In: YHEA-1240 [1:1], YHEA-1237 [1:1]

YHEA-1260 [] Section: Health

Does the [deformity] currently limit your activities?

1 Yes, limits a little

- 2 Yes, limits a lot
- 0 No, not currently limited by this condition

Default Next: YHEA-1299-LOOP-END **Lead-In:** YHEA-1250 [Default]

YHEA-1299-LOOP-END []

UNTIL ([deformity loop], ([deformity loop] = 4))

- 1 RETURN TO BEGINNING OF LOOP
- 0 END LOOP

Default Next: YHEA-1310

Lead-In: YHEA-1260 [Default], YHEA-1240 [Default], YHEA-1237 [Default]

YHEA-1310 [] Section: Health

(HAND R SHOWCARD V V)

Have you ever been diagnosed with any other chronic health condition or life threatening disease such as the ones listed on this card?

Section: Health

1 YES ...(Go To <u>YHEA-1320</u>)

0 NO

Default Next: YHEA-1880

Lead-In: YHEA-1210 [Default], YHEA-1299-LOOP-END [Default]

YHEA-1320 [] Section: Health

What conditions have you been diagnosed with?

(SELECT ALL THAT APPLY)

- 1 Asthma
- 2 Cardiovascular or Heart condition
- 3 Anemia
- 4 Diabetes
- 5 Cancer
- 6 Epilepsy
- 7 HIV/AIDS
- 8 Sexually transmitted disease other than HIV/AIDS
- 9 Other

Default Next: YHEA-1325

Lead-In: YHEA-1310 [1:1]

YHEA-1325 [] Section: Health

INLIST ([YHEA-1320], 9)

COMMENT: Other was selected in YHEA-1320

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1327}$

Default Next: YHEA-1330-LOOP-BEGIN YHEA-1320 [Default]

YHEA-1327 [] Section: Health

Please describe this other condition.

Enter Answer:

Default Next: YHEA-1330-LOOP-BEGIN

Lead-In: YHEA-1325 [1:1]

YHEA-1330-LOOP-BEGIN [] Section: Health

REPEAT ([chronic condition loop])

COMMENT: loop through all chronic conditions

Default Next: YHEA-1335

Lead-In: YHEA-1325 [Default], YHEA-1327 [Default]

YHEA-1335 [] Section: Health

([chronic condition loop] =9) COMMENT: this is loop 9

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1337}$

Default Next: YHEA-1340

Lead-In: YHEA-1330-LOOP-BEGIN [Default]

YHEA-1337 [] Section: Health

INLIST ([YHEA-1320], 9)

COMMENT: The Other category was chosen in YHEA-1320

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1350}$

Default Next: YHEA-1399-LOOP-END

Lead-In: <u>YHEA-1335</u> [1:1]

YHEA-1340 [] Section: Health

INLIST ([YHEA-1320], [chronic condition loop])

COMMENT: This condition was chosen

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-1350}$

Default Next: YHEA-1399-LOOP-END Lead-In: YHEA-1335 [Default]

YHEA-1350 [] Section: Health

How old were you when the [chronic condition] was first diagnosed? (INTERVIEWER: ENTER "0" IF RESPONDENT HAS HAD THIS CONDITION SINCE BIRTH.)

Enter Answer:

Default Next: <u>YHEA-1360</u>

Lead-In: <u>YHEA-1340</u> [1:1], <u>YHEA-1337</u> [1:1]

YHEA-1360 [] Section: Health

Does the [chronic condition] currently limit your activities?

- 1 Yes, limits a little
- 2 Yes, limits a lot
- 0 No, not currently limited by this condition

Default Next: YHEA-1399-LOOP-END **Lead-In:** YHEA-1350 [Default]

YHEA-1399-LOOP-END []

UNTIL ([chronic condition loop], ([chronic condition loop] = 9))

1 RETURN TO BEGINNING OF LOOP

0 END LOOP

Default Next: YHEA-1880

Lead-In: YHEA-1340 [Default], YHEA-1337 [Default], YHEA-1360 [Default]

YHEA-1880 [] Section: Health

During the past 12 months, how many times were you injured or ill and had to be treated by a doctor or nurse?

Section: Health

- 1 None
- 2 1 time
- 3 2 times
- 4 3 times
- 5 4 or more times

Default Next: YHEA-1890

Lead-In: YHEA-1310 [Default], YHEA-1399-LOOP-END [Default]

YHEA-1890 [] Section: Health

Some injuries are not treated by a doctor or nurse. During the past 12 months, how many times were you injured or ill so that you missed at least one full day of usual activities such as work or school, but were not treated by a doctor or nurse?

- 1 None
- 2 1 time
- 3 2 times
- 4 3 times
- 5 4 or more times

Lead-In: YHEA-1880 [Default]

YHEA-1910 [] Section: Health

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1 YES ...(Go To <u>YHEA-1920</u>)

0 NO

Default Next: YHEA-1930

Lead-In: YHEA-1890 [Default]

YHEA-1920 [] Section: Health

During the past 12 months, was there any time that you did not have any health insurance or coverage?

1 YES

0 NO

Default Next: <u>YHEA-1940</u>

Lead-In: YHEA-1910 [1:1]

YHEA-1930 [] Section: Health

During the past 12 months, was there any time that you had health coverage?

1 YES

0 NO

Default Next: YHEA-1940

Lead-In: YHEA-1910 [Default]

YHEA-1940 [] Section: Health

(HAND R SHOWCARD WW)

About how long has it been since you last visited a doctor for a routine checkup?

- 1 Within the past year
- 2 1 to 2 years ago
- 3 2 to 5 years ago
- 4 More than 5 years ago
- 5 Never

Lead-In: YHEA-1930 [Default], YHEA-1920 [Default]

YHEA-2305 [] Section: Health

Now we are going to ask you about events you may have experienced in the last five years.

Default Next: <u>YHEA-2310</u>

Lead-In: YHEA-1940 [Default]

YHEA-2310 [] Section: Health

In the last five years, that is since you were [R's age 5 yrs ago] years old, has a close relative of yours died?

1 YES ...(Go To <u>YHEA-2320</u>)

0 NO

Default Next: YHEA-2500

Lead-In: YHEA-2305 [Default]

YHEA-2320 [] Section: Health

Was the person who died your...?

(SELECT ALL THAT APPLY)

- 1 Mother/stepmother
- 2 Father/stepfather
- 3 Grandparent
- 4 Brother/sister
- 5 Spouse or partner
- 6 Other relative

Default Next: YHEA-2321-LOOP-BEGIN

Lead-In: YHEA-2310 [1:1]

YHEA-2321-LOOP-BEGIN [] Section: Health

REPEAT ([deceased relative loop])

COMMENT: loop through all relatives who died

Default Next: YHEA-2325

Lead-In: YHEA-2320 [Default]

YHEA-2325 [] Section: Health

INLIST ([YHEA-2320], [deceased relative loop])

COMMENT: This condition was chosen

- 0 0 CONDITION DOES NOT APPLY
- 1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-2340}$

Default Next: YHEA-2341-LOOP-END

Lead-In: YHEA-2321-LOOP-BEGIN [Default]

YHEA-2340 [] Section: Health

About how old were you when your [deceased relative] died?

Enter Answer:

Default Next: YHEA-2341-LOOP-END

Lead-In: YHEA-2325 [1:1]

YHEA-2341-LOOP-END [] Section: Health

UNTIL ([deceased relative loop], ([deceased relative loop] =6))

- 1 RETURN TO BEGINNING OF LOOP
- 0 END LOOP

Default Next: YHEA-2500

Lead-In: YHEA-2325 [Default], YHEA-2340 [Default]

YHEA-2500 [] Section: Health

In the last five years, have you been the victim of a violent crime, for example, physical or sexual assault, robbery, or arson?

- 1 YES ...(Go To YHEA-2520)
- 0 NO

Lead-In: YHEA-2341-LOOP-END [Default], YHEA-2310 [Default]

YHEA-2520 [] Section: Health

How old were you when you were the victim of a violent crime? If you have been victimized more than once, please tell me your age the last time you were a victim.

Enter Answer:

Default Next: YHEA-2600

Lead-In: YHEA-2500 [1:1]

YHEA-2600 [] Section: Health

In the last five years, have you been homeless or lived in a shelter for the homeless for two or more nights in a row?

1 YES ...(Go To YHEA-2620)

0 NO

Default Next: YHEA-2700

Lead-In: YHEA-2500 [Default], YHEA-2520 [Default]

YHEA-2620 [] Section: Health

At what age did you last become homeless?

Enter Answer:

Default Next: YHEA-2700

Lead-In: YHEA-2600 [1:1]

YHEA-2700 [] Section: Health

In the last five years, has a member of your household stayed in a hospital for at least one week for treatment of illness or injury?

1 YES ...(Go To <u>YHEA-2720</u>)

0 NO

Default Next: YHEA-2800

Lead-In: YHEA-2600 [Default], YHEA-2620 [Default]

YHEA-2720 []	Section: Health
Was the person who was hospitalized your?	
(SELECT ALL THAT APPLY)	
1 Mother/stepmother 2 Father/stepfather 3 Child 4 Spouse or partner 5 Brother/sister 6 Grandparent 7 Other relative 8 Non-relative Default Next: YHEA-2740-LOOP-BEGIN Lead-In: YHEA-2700 [1:1]	
YHEA-2740-LOOP-BEGIN []	Section: Health
REPEAT ([hospitalized relative loop]) COMMENT: loop through any parent, child, or spouse-pa	artners who were hospitalized
Default Next: YHEA-2750 Lead-In: YHEA-2720 [Default]	
YHEA-2750 []	Section: Health
INLIST ([YHEA-2720], [hospitalized relative loop]) COMMENT: This condition was chosen	
 0 CONDITION DOES NOT APPLY 1 CONDITION APPLIES 	
If Answer = 1 Then GoTo $\underline{\text{YHEA-2760}}$	
Default Next:YHEA-2799-LOOP-ENDLead-In:YHEA-2740-LOOP-BEGIN [Default]	
YHEA-2760 []	Section: Health
How many nights in total since [date of last interview] did for treatment of illness or injury?	l your [hospitalized relative] stay in a hospital

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Default Next: YHEA-2780

Enter Answer:

Lead-In: YHEA-2750 [1:1]

YHEA-2780 [] Section: Health

How old were you the last time your [hospitalized relative] went into a hospital for treatment of illness or injury?

Section: Health

Enter Answer:

Default Next: YHEA-2799-LOOP-END **Lead-In:** YHEA-2760 [Default]

YHEA-2799-LOOP-END []

UNTIL ([hospitalized relative loop], ([hospitalized relative loop] =8))

1 RETURN TO BEGINNING OF LOOP

0 END LOOP

Default Next: YHEA-2800

Lead-In: YHEA-2750 [Default], YHEA-2780 [Default]

YHEA-2800 [] Section: Health

In the last five years, has an adult member of your household (other than yourself) been sent to jail or prison?

- 1 YES ...(Go To <u>YHEA-2820</u>)
- 0 NO

Default Next: YHEA-2900

Lead-In: YHEA-2799-LOOP-END [Default], YHEA-2700 [Default]

YHEA-2820 [] Section: Health

Was the person sent to jail or prison your;?

(SELECT ALL THAT APPLY)

- 1 Parent
- 2 Partner or Spouse
- 3 Other relative
- 4 Non-relative

Default Next: YHEA-2840-LOOP-BEGIN

Lead-In:	YHEA-2800 [1:1]	
YHEA-2840	-LOOP-BEGIN []	Section: Health
	ncarcerated relative loop]) : loop through all parents or partn	er-spouses who were incarcerated
Default Nex Lead-In:	t: <u>YHEA-2850</u> <u>YHEA-2820</u> [Default]	
YHEA-2850		Section: Health
\ <u>-</u>	HEA-2820], [incarcerated relative : This condition was chosen	loop])
_	CONDITION DOES NOT APPL CONDITION APPLIES	Y
If Answer =	1 Then GoTo YHEA-2860	
Default Nex Lead-In:	t: YHEA-2899-LOOP-END YHEA-2840-LOOP-BEGIN	Default]
YHEA-2860		Section: Health
		lative] went to jail or prison? If they went to jail or prison he last time they were incarcerated.
Enter Ansv Default Nex Lead-In:	wer:	
YHEA-2899	-LOOP-END []	Section: Health
UNTIL ([inc	earcerated relative loop], ([incarcer	rated relative loop] =4))
	ETURN TO BEGINNING OF LO ND LOOP	OOP
Default Nex Lead-In:	t: <u>YHEA-2900</u> <u>YHEA-2850</u> [Default], <u>YHEA</u>	-2860 [Default]
YHEA-2900	0 []	Section: Health

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In the last five years, has an adult member of your household (other than yourself) experienced one or more periods of unemployment lasting at least six months?

1 YES ...(Go To YHEA-2920)

0 NO

Default Next: YHEA-3000

Lead-In: YHEA-2800 [Default], YHEA-2899-LOOP-END [Default]

YHEA-2920 [] Section: Health

Was the person who was unemployed your;?

(SELECT ALL THAT APPLY)

1 Parent

- 2 Partner or Spouse
- 3 Other relative
- 4 Non-relative

Default Next: YHEA-2940-LOOP-BEGIN

Lead-In: YHEA-2900 [1:1]

YHEA-2940-LOOP-BEGIN []

REPEAT ([unemployed relative loop])

COMMENT: loop through parent or partner-spouses only who were unemployed

Section: Health

Default Next: YHEA-2950

Lead-In: YHEA-2920 [Default]

YHEA-2950 [] Section: Health

INLIST ([YHEA-2920], [unemployed relative loop])

COMMENT: This condition was chosen

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo YHEA-2980

Default Next: YHEA-2999-LOOP-END

Lead-In: YHEA-2940-LOOP-BEGIN [Default]

YHEA-2980 [] Section: Health

Section: Health

How old were you when your [unemployed relative] last became unemployed?

Enter Answer:

Default Next: YHEA-2999-LOOP-END

Lead-In: <u>YHEA-2950</u> [1:1]

YHEA-2999-LOOP-END []

UNTIL ([unemployed relative loop], ([unemployed relative loop] = 4))

1 RETURN TO BEGINNING OF LOOP

0 END LOOP

Default Next: YHEA-3000

Lead-In: YHEA-2980 [Default], YHEA-2950 [Default]

YHEA-3000 [] Section: Health

In the last five years, have your parents divorced, either from each other or from their former spouse?

1 YES ...(Go To <u>YHEA-3020</u>)

0 NO

Default Next: YHEA-200

Lead-In: YHEA-2999-LOOP-END [Default], YHEA-2900 [Default]

YHEA-3020 [] Section: Health

Who divorced?

(SELECT ALL THAT APPLY)

- 1 My parents
- 2 My mother and her husband
- 3 My father and his wife

Default Next: YHEA-3021

Lead-In: YHEA-3000 [1:1]

YHEA-3021 [] Section: Health

INLIST ([YHEA-3020], 1)

COMMENT: R's bio or adoptive parents divorced

- 0 0 CONDITION DOES NOT APPLY
- 1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-3021A}$

Default Next: YHEA-3022

Lead-In: YHEA-3020 [Default]

YHEA-3021A [] Section: Health

How old were you when your parents divorced?

Enter Answer:

Default Next: <u>YHEA-200</u>

Lead-In: <u>YHEA-3021</u> [1:1]

YHEA-3022 [] Section: Health

INLIST ([YHEA-3020], 2)

COMMENT: R's mother got divorced from step-father

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-3030}$

Default Next: YHEA-3022A

Lead-In: YHEA-3021 [Default]

YHEA-3022A [] Section: Health

INLIST ([YHEA-3020], 3)

COMMENT: R's father got divorced from step-mother

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-3030}$

Default Next: YHEA-200

Lead-In: YHEA-3022 [Default]

YHEA-3030 [] Section: Health

Section: Health

How old were you the last time one of your parents got divorced?

Enter Answer:

Default Next: YHEA-200

Lead-In: YHEA-3022 [1:1], YHEA-3022A [1:1]

YHEA-200 [R03207.00]

([age as of 12/31/96] =13)

COMMENT: Check if sample member is 13 years old as of December 31, 1996

0 0 CONDITION DOES NOT APPLY

1 1 CONDITION APPLIES

If Answer = 1 Then GoTo $\underline{YHEA-900}$

Default Next: YHEA-1701

Lead-In: YHEA-3021A [Default], YHEA-3000 [Default], YHEA-3030 [Default],

YHEA-3022A [Default]

YHEA-900 [] Section: Health

The next questions ask for your opinions on the effects of using different substances.

Does smoking one or more packs of cigarettes per day, INCREASE THE RISK (chance) of ...

... getting heart disease?

1 YES

0 NO

Default Next: YHEA-1000

Lead-In: YHEA-200 [1:1]

YHEA-1000 [] Section: Health

... getting AIDS?

1 YES

0 NO

Default Next: YHEA-1100

Lead-In: YHEA-900 [Default]

YHEA-1100 [] Section: Health

Does having 5 or more drinks of alcohol once or twice each week, INCREASE THE RISK (chance) of ...

... damaging the liver?

- 1 YES
- 0 NO

Default Next: YHEA-1200

Lead-In: YHEA-1000 [Default]

YHEA-1200 [] Section: Health

... getting heart disease?

- 1 YES
- 0 NO

Default Next: YHEA-1300

Lead-In: YHEA-1100 [Default]

YHEA-1300 [] Section: Health

... getting arthritis?

- 1 YES
- 0 NO

Default Next: YHEA-1400

Lead-In: YHEA-1200 [Default]

YHEA-1400 [] Section: Health

... becoming addicted to alcohol?

- 1 YES
- 0 NO

Default Next: YHEA-1500

Lead-In: YHEA-1300 [Default]

YHEA-1500 [] Section: Health

... harming an unborn child?

1 YES

0 NO

Default Next: YHEA-1550

Lead-In: YHEA-1400 [Default]

YHEA-1550 [R03220.00]

Section: Health

(HAND R SHOWCARD X)

Here are three of the many methods of preventing pregnancy. Which of these three is the most effective for preventing pregnancy?

- 1 1 Withdrawal
- 2 2 Condom
- 3 3 Birth Control Pill

Default Next: YHEA-1600

Lead-In: YHEA-1500 [Default]

YHEA-1600 [R03221.00]

Section: Health

(HAND R SHOWCARD X)

Which of these same three methods is the most effective for preventing sexually transmitted diseases like AIDS or gonorrhea:

- 1 1 Withdrawal
- 2 2 Condom
- 3 3 Birth Control Pill

Default Next: YHEA-1700

Lead-In: YHEA-1550 [Default]

YHEA-1700 [] Section: Health

(HAND R SHOWCARD Y)

When during the female monthly cycle of menstrual periods is pregnancy most likely to occur? Please look at the card and tell me the number corresponding to your answer.

- 1 1. Right before the period begins
- 2 2. During the period
- 3 3. About a week after the period begins

- 4 4. About two weeks after the period begins
- 5 5. Anytime during the month, makes no difference
- 6 6. Don't know

Lead-In: YHEA-1600 [Default]

YHEA-1701 [] Section: Health

([age as of 12/31/96] >15)

COMMENT: Check if sample member is at least 16 years old as of December 31, 1996

- 0 0 CONDITION DOES NOT APPLY
- 1 1 CONDITION APPLIES

If Answer = 1 Then GoTo YEXP-1400

Default Next: YPIA-050

Lead-In: YHEA-200 [Default], YHEA-1700 [Default]

YEXP-1400 [] Section: Health

What is the percent chance that you will die from any cause -- crime, illness, accident, and so on, in the next year?

Enter Answer:

Default Next: YEXP-1900A

Lead-In: YHEA-1701 [1:1]

YEXP-1900A [] Section: Health

What is the percent chance that you will die (from any cause -- crime, illness, accident, and so on) in the next five years?

Enter Answer:

Default Next: YPIA-050

Lead-In: YEXP-1400 [Default]